



Governor's Council on Impaired & Dangerous Driving

Shaded areas for Council use only

DATE RECEIVED	DATE APPROVED	PROGRAM AREA	PSP	TASK	PROJECT
FUNDING SOURCE	CFDA#	GRANT AMOUNT			

1. PROJECT TITLE Operation Pull Over	
2. GOVERNMENTAL UNIT (city of, town of, county, etc.)	3. APPLICANT ORGANIZATION
4. COUNTY	5. FEDERAL IDENTIFICATION NUMBER
6. GRANT APPLICATION TYPE INITIAL: CONTINUATION:	7. ANTICIPATED START DATE: APPROVED GRANT PERIOD FROM: 10/1/2002 THROUGH: 9/30/2003

8. IT IS UNDERSTOOD AND AGREED UPON BY THE UNDERSIGNED THAT A GRANT RECEIVED AS A RESULT OF THIS APPLICATION IS SUBJECT TO THE REGULATIONS GOVERNING HIGHWAY SAFETY PROJECTS.

A. PROJECT DIRECTOR - Operation Pull Over Coordinator

1. NAME (FIRST, MI, LAST)	2. EMAIL	
3. ADDRESS	4. PHONE	5. FAX
6. SIGNATURE	7. TITLE	8. DATE

B. FINANCIAL OFFICER - clerk, treasurer

1. NAME (FIRST, MI, LAST)	2. EMAIL	
3. ADDRESS	4. PHONE	5. FAX
6. SIGNATURE	7. TITLE	8. DATE

C. AUTHORIZING OFFICIAL OF GOVERNMENTAL UNIT - mayor, city council, county commissioner, state agency head

1. NAME (FIRST, MI, LAST)	2. EMAIL	
3. ADDRESS	4. PHONE	5. FAX
6. SIGNATURE	7. TITLE	8. DATE

D. APPROVAL (FOR COUNCIL USE ONLY)

DATE	NAME - TITLE Jerry McCorry, Director	SIGNATURE
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